

OEHE Course Registration Form

Electrical Controls Training

April 8-10, 2014

Yukon-Kuskokwim Health Corporation

Office of Environmental Health

P.O. Box 528 Bethel, AK 99559

Phone: 907-543-6420 or 800-478-6599

Fax: 907-543-6425



Applicant's Name: _____
Mailing Address: _____
City: _____ State: _____
Zip: _____
Email Address : _____
Work Phone: _____ Work Fax: _____ Home Phone: _____
Employer: _____ Supervisor/Authority's Name: _____

TRAINING INFORMATION:

DATE/TIME:

Tuesday -Thursday,

April 8-10, 2014

8am - 5pm Daily

Finishes @ 3:30 pm on the 10th

TRAINING LOCATION:

Yuut Eliitnaurviat

610 Akiachak Drive

Bethel, AK 99559

LODGING LOCATION:

Yuut Eliitnaurviat

EXAMS/FEEES:

Tuition Fee Total \$250.00

Optional Meal Fee \$90.00

Optional Lodging Fee \$225.00

*due with registration.

YKHC OEHE DOES NOT PROVIDE MEALS OR LODGING FOR NON-VILLAGE CLASS PARTICIPANTS. PARTICIPANT CAN PAY AN EXTRA \$30 PER DAY FOR MEALS & \$75 PER NIGHT FOR LODGING. Please make checks payable to YKHC- OEHE.

Students will receive 2.0 CEUS upon completion of the course.

CONDUCT POLICY

- Class participants are expected to act professionally and treat Yuut and OEHE staff accordingly.
- Disorderly conduct of any kind if not acceptable, this includes complaints or eviction from the Yuut training center.
- Participants will be free of alcohol and drugs during the training period, including time spent out of class.
- Class tardiness will not be permitted. We reserve the right to refuse admittance to any person not arriving to class on time. Any attendee missing two hours of class will not be awarded CEUs or allowed to take the certification exam.

VIOLATION OF CONDUCT

- If a trainee violates the conduct policy, the trainee will be immediately dismissed from the course. The village authority will be responsible for ALL fees or fines incurred during the training course. Additionally, accommodation must be reimbursed. Until OEHE is repaid, no other attendees will be accepted from your village.

By signing this document, I understand the conditions under which the training is offered, and by my signature, I agree to the conduct policy and training policy changes.

Applicant's Signature: _____ Date: _____

Supervisor/Authority's Signature: _____ Date: _____

Mail completed OEHE Course Registration Form AND payment to:

YKHC-OEHE, PO Box 528, Bethel, AK 99559

Registration status will not be confirmed until payment is received!

Registration forms must be received by March 7th, 2014

